

NEWS DIGEST

© © County as Health Administrative Unit Approved by President and President-Elect

AN emphatic endorsement of the county as the unit of local health administration instead of the township or the village was given by President Hoover in his address on October 24, 1932, at the annual meeting of the American Public Health Association in Washington. The President became impressed by the value of the county health units, about one hundred in number, which were established in the regions affected by the Mississippi River flood in 1927, following conferences which he, as director of relief, had called.

“By every means within my reach,” he says, “I have ever since promoted the idea of establishing these units in every one of our five thousand counties in the United States.”

It will be remembered that Cattaraugus was the first county

in New York to avail itself of a permissive law authorizing the creation of county health departments in this State. The Cattaraugus County Board of Health, with assistance from the New York State treasury and from the Milbank Memorial Fund, demonstrated the effectiveness of the county as a unit for the administration of rural public health work. Three other counties in New York have since organized local health work on the county basis with great success.

The *New York Herald Tribune*, commenting on President Hoover's address, states that “in New York the weight of informed opinion is strongly for the county health units” and recalls Governor Roosevelt's approval of his Special Health Commission's recommendation in 1931 that their establishment in New York State be made mandatory. This Commission, headed by Dr. Livingston Farrand, president of Cor-

nell University, specifically recommended "that the present system of local health service in the State be reorganized by substituting the county for the town and village as the local unit, with the appointment of a county board of health and health commissioner in all counties." It further advocates that, while the county health district should include the whole county, cities should be "permitted to retain their boards of health and health officers," unless they choose to abolish them or to join in a combined city-county board of health.

© © © *The Fertility of Social Classes in the East North Central States in 1900*

THE fertility of social classes in various types of communities of the East North Central States in 1900 is the subject of a paper by Clyde V. Kiser which appeared in the December, 1932, issue of the *Journal of the American Statistical Association*. This article is the first of two papers based on the transcripts of data from the original enumeration schedules of the 1900 United States Census pertaining to the fertility and social status of 42,432 women living in

metropolitan, moderately urban, village, and rural communities of the East North Central States. The transcripts were secured as a result of the cooperation of the Division of Research of the Milbank Memorial Fund with the President's Research Committee on Social Trends.

Only women of childbearing age were included in the sample, and the data were further restricted to native whites of native parents who were living with husbands of similar nativity and parentage. On the basis of recorded occupations of husbands, nonrural women were divided into four social classes: professional, business, skilled-worker, and unskilled-laborer. Rural women were classified as farm owners, farm renters, and farm laborers. Cumulative birth rates, total births per 100 wives (age-specific and total standardized), were computed for women of each social class in each type of community.

Four facts of some significance emerged from the study. First, in each type of community an inverse association between fertility and social status existed in 1900. This relationship, however, was less marked among rural than urban social classes

and there was little difference between the rates of the two urban white-collar classes, professional and business. Second, rural women were conspicuously more fertile than the nonrural. Total rates standardized for age (births per 100 wives) in the four types of communities were: rural, 270; village, 220; moderately urban, 193; and metropolitan, 144. With the exception of unskilled laborers living in villages and in moderately urban centers, each urban social class was surpassed with respect to fertility by the least fertile rural class, farm owners. Third, for each urban social class, fertility was highest in villages, intermediate in moderately urban communities, and lowest in the metropolis. Rates standardized for both age and social class composition were: village, 210; moderately urban, 189; and metropolitan, 154. Fourth, a striking similarity of the three types of urban communities appears with respect to the order and spread of the rates for component social classes.

© © © *Association of Physical Impairments with Subsequent Mortality*

DOES the presence of physical impairments, as found

on medical examination of persons in comparatively good health, mean in general an in-

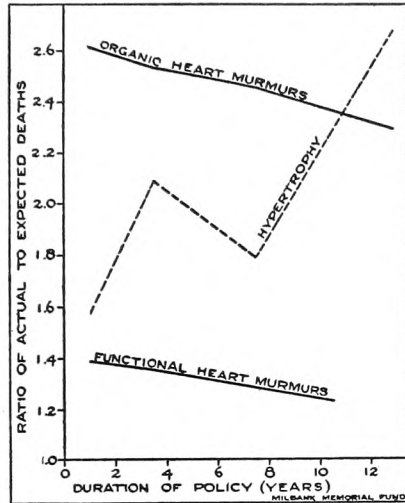


Fig. 1. Ratio of actual to expected mortality among policyholders with certain heart conditions found on examination, by specified duration of policy.

creased risk of mortality? If so, how long does such excess persist? What specific impairments are most definitely associated with it? What causes of death?

An effort to answer these questions has been made in one of the series of papers reporting a study by the Milbank Memorial Fund on the impairments of adult life.¹ The basic data

¹Britten, Rollo H.: The Physical Impairments of Adult Life: Association with Subsequent Rates of Mortality, No. 9, in the Studies in the Diseases of Adult Life, from the Division of Research, Milbank Memorial Fund. *Journal of Preventive Medicine*, July, 1932, vi, No. 4, pp. 249-271.

were those obtained in the course of an investigation into the mortality of life insurance

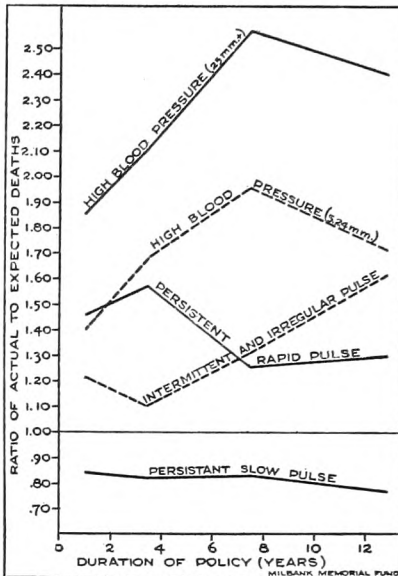


Fig. 2. Ratio of actual to expected mortality among policyholders with certain blood pressure and pulse conditions as found upon examination, by specified duration of policy.

policyholders according to the medical findings on the applicant examinations, a research made particularly to establish excess premiums for persons not up to average health.² The results are of great interest, in spite of the fact that in such examinations the impairments recorded may be as a rule more

²Medical Impairments Study, 1929. Compiled and published by the Actuarial Society of America and the Association of Life Insurance Medical Directors.

serious in degree than those found in routine health or periodical medical examinations.

The highest ratios of actual to expected mortality for persons of a given age and duration of policy occurred among those with the following impairments, noted during their applicant examinations: organic heart murmurs (distinguished very sharply according to the kind of murmur), cancer (with operation),³ epilepsy,³ high blood pressure, suspicious condition of lungs and tuberculosis, enlarged heart, fragile appearance, excessive weight (especially with a high abdominal-chest circumference ratio), gastric ulcer,³ syphilis,³ albumin in urine, persistent glycosuria, pleurisy with effusion.³

With respect to the persistence of such excess mortality, the results were very striking. Some of the records covered rates of mortality among persons insured as long as fifteen to twenty years, and in many cases the record was long enough to indicate the duration of the higher level of mortality. In the following conditions an excess mortality, with little tendency to be dissipated, continued for long periods: syphilis,³ organic heart murmurs, hypertrophy of

³History.

heart, high blood pressure, pulmonary tuberculosis, duodenal ulcer,³ albumin in urine, high abdominal-chest circumference ratio.

In many cases, the impairment itself was the ultimate recorded cause of death, but excess mortality from other associated causes was one of the most significant of the findings. Only a few illustrations can be given. Persons with syphilis³ showed three times the normal mortality from organic heart disease; persons with a constant, transmitted apex murmur and with moderate hypertrophy showed five times the normal mortality from

ease); persons with asthma³ showed five times the normal mortality from pneumonia, three

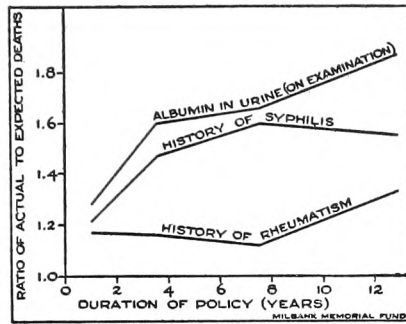


Fig. 4. Ratio of actual to expected mortality among policyholders found upon examination to have certain conditions.

times from influenza, and four times from organic heart disease and from tuberculosis.

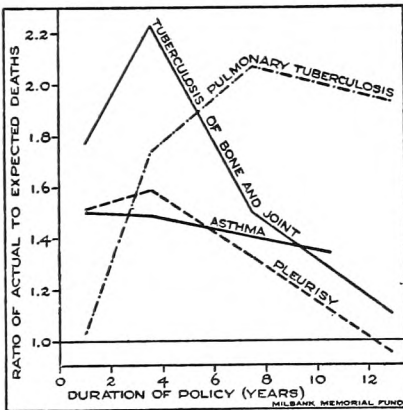


Fig. 3. Ratio of actual to expected mortality among policyholders with certain respiratory conditions, by specified duration of policy.

nephritis and Bright's disease (as well as twenty-one times the normal from organic heart dis-

© © © *Health Education, Recreation, and Safety Promoted by Bellevue-Yorkville Experiments*

A DEMONSTRATION of health education which was so successful that many of its essentials have been embodied as permanent features of the New York City school system, is described in a report recently prepared by Miss Nina B. Lamkin, who was in charge of the work. The experiment, extending through three years, was conducted by the Board of Education of the City of New York,

the City Department of Health, and the Catholic School Board. Cooperating were staff workers from the metropolitan health demonstration in the Bellevue-Yorkville district of New York, which was initiated and financially aided by the Milbank Memorial Fund. The immediate field included the twelve grade schools in the district, with about 14,000 children and 450 teachers.

The basic results of the experiment were the decided shift in the school health education work from mere theory and a passive attitude on the part of the child to an interesting program of health activities; a correlation of this work with conditions at home and elsewhere outside of the school; a general improvement of the physical environment in the school; and a more extensive remedying of physical defects than ever before.

Among concrete improvements were greater attention to hand washing and cleanliness in the use of toilet facilities; more extensive provision of soap and towels by the City; better seating, lighting, and ventilation arrangements; better cooperation of the teacher, parent, doctor, and nurse in utilizing the findings of physical examinations; establishment of lunch

rooms under school supervision; extension of clinical facilities; and the development of a mental hygiene program.

The experiment in the grade schools was made during 1927-1930. Similar work was successfully carried on in the junior high school for boys in the same district during 1929-1930.

The recreation program of the Bellevue-Yorkville Health Demonstration, which Miss Thelma E. Carpenter directed in 1927-1930, accomplished the triple purpose of promoting recreation, health, and safety, in cooperation with City departments and various social agencies. How these aims were integrated is told by Miss Carpenter in a report recently issued.

Several temporary playgrounds were opened in side-yards to supplement existing play facilities; children's outings to parks and adult hikes to the country were conducted; exhibits of toys were held at health centers and provision was made to entertain children in waiting rooms of clinics; physical examinations for children going to camps were standardized; neighborhood public health clubs were founded; "Young Pioneers" clubs were organized to report violations

of the sanitary code and to survey sanitary conditions in homes of members; and a recreation consultation service for nurses was developed, thus reaching preschool children and adults as well as school children.

Particularly effective was the visual education through the use of posters in the safety campaign. The recreation literature included pamphlets to promote outings and personal hygiene and mimeographed health programs for teachers.

During September this year, the Bellevue-Yorkville demonstration staff distributed 12,000 pamphlets and nearly 500 posters on home and street safety, and 6,000 pieces of literature on social hygiene, infant care, measles, diphtheria, infantile paralysis, and tuberculosis. The Baltimore Department of Health has recently asked permission to reprint a pamphlet on venereal disease published recently by the health demonstration staff.